${\bf Application} \ {\bf or} \underline{\bf D} {\bf ocket} \ {\bf Number}$

| Effective October 1, 2003 | | | | | | | | | | | | | |
|---|---|---|--------------|-----------------------------------|---------------------|------------------|---|-------------------|------|------------------------|----------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | | OTHER THAN OR SMALL ENTITY | |
| TOTAL CLAIMS | | | 6 | | | | l | RATI | Ε | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC | FEE | 385.00 | OR | BASIC FEE | 770.00 |
| TOTAL CHARGEABLE CLAIMS | | | minus 20= | | * | | | XS 9 | = | | OR | XS18= | |
| IND | EPENDENT CL | _AIMS | mi | nus 3 = | * | | | X43= | | | OR | X86= | |
| MU | LTIPLE DEPEN | IDENT CLAIM P | RESENT | | | | | , 1 A E | | | | +290= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | +145 TOTA | | | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II | | | | | | | | IUIA | \L | | OR | OTHER | THAN |
| (Column 1) (Column 2) (Column 3) | | | | | | | | SMAL | _L_E | NTITY | OR . | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID I | BER OUSLY | PRESENT EXTRA | | RATE | = | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9: | = | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X43= | | | OR | X86= | |
| Ĺ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +145 | _ | | OR | +290= | |
| | | | | | | | l | тот | ΓAL | | | TOTAL | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | EE | | l - ' ' | ADDIT. FEE | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUME PREVIO PAID | EST BER OUSLY | PRESENT EXTRA | | RATE | Ξ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| MENDMENT | Total | * | Minus | ** | | = | | X\$ 9: | = | | OR | X\$18= | |
| AMEI | Independent | * | Minus | *** | | = | | X43= | = | | OR | X86= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +145 | | | OR | +290= | |
| TOTAL | | | | | | | | | | | OB | TOTAL | • |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | EE | | 10., | ADDIT. FEE | L |
| AMENDMENT C | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | EST BER DUSLY | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9: | = [| | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X43= | | | OR | X86= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= | | | | | | | | | | +290= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | OR OR | TOTAL | |
| ** | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE | | | | | | | | | | | ADDIT. FEE | |

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.